

WASHINGTON STATE DEPARTMENT OF HEALTH

494

STATE
FILE NO.

5810

CERTIFICATE OF DEATH

REGISTRAR'S NO.

518

REG. DIST NO.

1. PLACE OF DEATH a. COUNTY Spokane		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Idaho b. COUNTY Bonner	
b. CITY, TOWN, OR LOCATION Spokane		c. LENGTH OF STAY IN 1b 79 Days	
d. NAME OF HOSPITAL OR INSTITUTION Veterans Admin. Hospital (If not in hospital, give street address)		c. CITY, TOWN, OR LOCATION Hope	
e. IS PLACE OF DEATH INSIDE CITY LIMITS? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS	
3. NAME OF DECEASED (Type or print) First LEON Middle JOSEPH Last CADORE		4. DATE OF DEATH Month March Day 16 Year 1958	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11/20/91
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		9. AGE (In years last birthday) 66	10. KIND OF BUSINESS OR INDUSTRY Liquor Firm
11. BIRTHPLACE (State or foreign country) Chicago, Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME George Cadore		14. MOTHER'S MAIDEN NAME Georgianna Jeannot	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW-1		16. SOCIAL SECURITY NO. 518-24-2615	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Intragastric hemorrhage and shock		17. INFORMANT Info. taken from VA Hospital records Address 151X	
Conditions, if any, which give rise to above cause (a), stating the underlying cause last. DUE TO (b) Carcinoma of stomach with metastasis to lymph nodes		INTERVAL BETWEEN ONSET AND DEATH Hours	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Adenocarcinoma of colon, post-operative, with metastasis to lymph nodes		DUE TO (c) Years	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		19. WAS AUTOPSY PERFORMED? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		20c. TIME OF INJURY Hour a. m. Month, Day, Year APR 7 1958	
20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION VA		COUNTY STATE	
21. Attended the deceased from 12/28/57 , to 3/16/58		21b. ADDRESS VA Hospital	
21c. DATE SIGNED 3/18/58		21d. SIGNATURE ARTHUR A. HAGELSTEIN, M.D.	
22a. SIGNATURE (Degree or title) ARTHUR A. HAGELSTEIN, M.D.		22b. ADDRESS Professional Services Spokane, Wash.	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 3-20-58	
23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State) Sandpoint, Idaho	
24. FUNERAL DIRECTOR Len Peterson Riplinger Funeral Home		25. DATE REC'D BY LOCAL REG. 3-20-58	
26. REGISTRAR'S SIGNATURE HAMPTON H. TRAYNER, M.D.		ADDRESS Spokane, Wash.	

MEDICAL CERTIFICATION